

CAP-MR/DD-Crisis Services Endorsement Check Sheet Instructions

Introduction

Prior to site and service endorsement, business verification must take place. During the process of business verification, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definitions, core rules (as noted above), staff definitions (10A NCAC 27G .0104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

- 1.a.** Review identified documents for evidence that provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)
- 1.b.** Review DMA enrollment document to verify provider's date of enrollment.
- 1.c.** Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

2. Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they

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were hired. Staff providing Crisis Services must meet general and requirements to include requirements for paraprofessional in 10A NCAC 27G Sections .0100-.0200.

It is expected that staff providing Crisis Services will require additional training specific to the needs of the consumer.

Review personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met to provide Crisis Services Supports. Review the job description for paraprofessionals and review the program description and personnel manual to determine the role and responsibilities of such staff and the expectation regarding supervision. Review the following for each paraprofessional: employment application, resume, or other documentation for evidence of at least a GED or high school diploma. Each paraprofessional must have an individualized supervision plan that is carried out by a Qualified Professional or an Associate Professional. Review supervision plans to ensure that each paraprofessional is receiving supervision and review notes, schedule and other supporting documentation that demonstrate on-going supervision by the Qualified Professional or Associate Professional. If the transportation of participants is a job duty of the staff, a driver license check must be completed and documentation provided.

3. Service Type/Setting

Crisis Services are provided in the setting that the recipient normally receives services.

4. Program/Clinical Requirements

The elements in this section pertain to the provider's having an understanding of the Crisis Services.

4a.-f. Review program description which should reflect Crisis Services the provision of one additional staff person for the supervision for the CAP-MR/DD waiver recipient, as needed during an acute crisis situation in which the recipient as needed during an acute crisis situation in which the recipient is presenting episodes of unmanageable or inappropriate behavior. The service is provided so that the recipient can continue to participate in his/her daily routine without interruption. Crisis Services are provided so that imminent institutional placement is prevented while protecting the individual from harming themselves or others.

Crisis Services may be provide for up to 14 consecutive days per episode. Crisis Services may not be reauthorized on the day immediately after so that the crisis situation may be re-evaluated. Following any use of crisis services the recipient's Plan of Care will be reviewed and updated to reflect a plan for prevention and intervention of subsequent occurrences.

The initial order for service may be approved by the case manager with approval requested through the statewide utilization review vendor within 3 days of the service inception.

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Observe program activities to verify that they are consistent with the above. Review the participant's Plan of Care to insure that the Plan of Care has been reviewed and updated to reflect a plan for prevention and intervention of subsequent occurrences.

5. Service Limitations

An individual may not receive over 2016 hours of crisis services per waiver year.

6. Documentation Requirements

Service notes shall include: full date service provided, duration of service; purpose of the contact as it relates to a goal; description of the intervention/activity; assessment of consumer's progress; appropriate signatures as identified in Service Records

Review the provider's Policy and Procedure Manual to verify that documentation requirements are consistent with requirements noted above. Review service note to verify that documentation is consistent with requirements.